Health Risk Form

SERVICE/SUPPORT DESCRIPTION	Түре	FREQUENCY	SERVICE/SUPPORT COST
. Check all that apply. The above	convica(s) or supp	ort(s) will:	
☐ Prevent my physical health from de	eteriorating		
☐ Prevent my mental health condition	n from deteriorating		
☐ Prevent my cognitive functioning f	rom deteriorating		
☐ Prevent an increase in my maladap	otive behavior		
. Please describe the health risk:			
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4. Please submit additional documentation to support this request for supports or services to address a health risk:

Health risks must be established through written documentation and current treatment recommendations from a licensed practitioner of the healing arts as defined by <u>IDAPA 16.03.10.521.14</u> or other professional licensed by the State of Idaho whose recommendation for the specific support or services that are being requested is within the scope of his or her license.

Such documentation must establish: (1) the current physical or mental condition or cognitive functioning that will likely deteriorate, or the current maladaptive behavior(s) that will likely increase; and (2) the specific supports or services being requested that will address the identified need and how those supports or services will prevent the health risk.

this request:	nentation you are submitting with this f	orm to support
Request Submitted by:		
Name	Participant or Legal Guardian Signature	Date